

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/831962** FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|---------------------|------|---------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | 12 | | | | |
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| 50 | | | | | | |
| TOTAL IND. | 1 | | | | | |
| TOTAL DEP. | 5 | | | | | |
| TOTAL CLAIMS | 6 | 12 | 1 | 2 | | |

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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